

MONTANA BOARD OF PUBLIC ACCOUNTANTS

301 South Park

PO Box 200513

Helena, Montana 59620-0513

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WEBSITE: <http://www.publicaccountants.mt.gov>

AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION

This form is essential to the application you are filing with this Board. Before your application will be considered for approval, certain information must be verified by the Board of Accountancy where your examination credits and/or certificate and license status were established. Please complete the initial portion of this form and forward the form to that Board of Accountancy where credits and/or status were established. That Board, in turn, will complete the remainder of this form (Sections A-D) and return it to this agency. (You are advised to check with that Board before forwarding this form to determine if there are additional requirements and/or fees charged before such information will be released.)

TO BE COMPLETED BY THE APPLICANT (Please type or print legibly):

☐ Mr.

☐ Ms.

☐ Mrs.

Last Name

First Name

Middle Name

Maiden Name

Current Mailing Address

Certificate Number
(If Applicable)

City

State

Zip

Country

Telephone: Where you can be reached during normal business hours

Date of Birth

Social Security Number

I hereby request and authorize the _____ Board of Accountancy to provide any and all pertinent information requested in this form to the Board of Public Accountants in the State of Montana to complete an application filed with that agency. I agree that the State Board may confirm the grades issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

Applicant Signature

Date Signed

SECTIONS A THRU D ARE TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY ONLY

SECTION A: VERIFICATION OF EXAMINATION CREDITS

The following are grades awarded on the Uniform CPA Examination(s) for the applicant named above, as reported by the AICPA Advisory Grading Service and approved unchanged by this Board. (Please use Section D of this form to explain if any of the grades were changed; if an exam other than the Uniform CPA Exam was used; or if there is any reason why the grades should not be accepted). (If separate sheet is attached, please affix official signature and Board Seal).

(Please list all grades, including failing grades, recorded for applicant)

Date of Examination	AICPA I.D. Number	Audit	Law/LPR	Theory/FARE	Practice/ARE

- 1) Was the applicant ever denied admission to the Exam? ☐ Yes ☐ No
If yes, please use Section D of this form to explain.

VERIFICATION OF EXAMINATION CREDITS (cont).

- 2) If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state? (Use Section D to explain). ☐ Yes ☐ No
- 3) Number of subjects with which candidate is credited, if any. _____ N/A
- 4) Date credits/or grades expire, if any. _____/_____/_____ N/A

SECTION B: CERTIFICATE/LICENSURE(Permit) STATUS

Certificate As A Certified Public Accountant:

- 1) The applicant holds an original/reciprocal (mark out one) CPA Certificate number _____ dated ____/____/____ which is in good standing unless otherwise noted in Section D of this form.
- 2) The individual has completed an Ethics Examination. ☐ Yes ☐ No ☐ N/A
Exam prepared and graded by: ☐ Board ☐ AICPA ☐ Other
Grade _____ Date _____

License/Permit to Practice Public Accounting:

(If licensing is the responsibility of another agency, please forward and request completion of applicable section.)

- 3) The applicant holds a license/permit from this Board and is currently in good standing in this State. (Please note any exceptions in Section D) ☐ Yes ☐ No Expiration Date _____
- 4) If the applicant does not hold a license/permit from your Board, please indicate the requirements to be met for issuance or reinstatement:
- ☐ License/Permit not required
☐ Pay appropriate fees and/or post bond
☐ Complete acceptable accounting/auditing experience
☐ Complete continuing professional education requirements
☐ Other: (please specify) _____

SECTION C: ADDITIONAL INFORMATION REQUESTED

- 1) Has your Board ever instituted any disciplinary action against the applicant's certificate or permit to practice? (If yes, please explain in Section D of this form.) ☐ Yes ☐ No

SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED (Official Seal and Signature must be affixed to attached sheets if needed to respond to the inquiry)

The information provided herein is correct to the best of our knowledge.

**OFFICIAL
BOARD
SEAL**

Board/Agency

Official Signature

Title

Date

Second Official Signature (if necessary)

Title

Date